INFORMATION REQUESTED TO PROCESS YOUR CLAIM

Instructions

Please answer all four (4) questions and any applicable sub-questions. Please include as much detail as possible in your responses. Your answers should provide more information than the initial proof of claim. For example, if you previously wrote as the basis for your claim "Ley 96," elaborate as to the specific laws on which you are purporting to rely, the year the law at issue was enacted, and how and why you believe such particular law provides a basis for your claim. Additionally, if available and applicable to your claim, please provide:

- Copy of a pleading, such as a Complaint or an Answer;
- Any unpaid judgment or settlement agreement;
- Written notice of intent to file a claim with proof of mailing:
- Any and all documentation you believe supports your claim.

Please send the completed form and any supporting documents via email to PRClaimsInfo@primeclerk.com, or by mail or hand delivery to the following address:

Commonwealth of Puerto Rico Supplemental Information Processing Center c/o Prime Clerk, LLC

850 Third Avenue, Suite 412

Brooklyn, NY 11232

pollgo M.

Questionnaire

٠.	What is the basis of your claim?
	A pending or closed legal action with or against the Puerto Rican government
	Current or former employment with the Government of Puerto Rico
	Other (Provide as much detail as possible below. Attach additional pages is needed.)
2.	What is the amount of your claim (how much money do you claim to the owed):
	3 leyes - \$56,400.00
3.	Employment. Does your claim relate to current or former employment with the Government of Puerto Rico?
3.	Employment. Does your claim relate to current or former employment with the Government of Puerto Rico?

	3 (a). Identify the specific agency or department whore you were or are employed:					
	Departamento de Educación de Puerto Rico					
	3 (b) Identify the dates of your employment related to your claim:					
	agosto de 1968 hasta mayo de 1998					
	3 (C) Last four digits of your social security number: 7169					
	3 (d) What is the nature of your employment claims (select all applicable)					
	☐ Pension					
	Unpaid Wages					
	☐ Sick Days					
	☐ Union Grievance					
	☐ Vacation					
4.	Other (Provide as much detail as possible. Attach additional pages if necessary Ley 89 de 1996 Ley 89 de julio 1979 Legal Action. Does your claim relate to a pending or closed legal action?					
	No.					
	Yes. Answer Questions 4 (a) – (f).					
	4 (a). Identify the department or agency that is a party to the action.					
	No aplica					
	4 (b) . Identify the name and address of the court or agency where the action is pending:					
	No aplica					
	4 (c). Case number: No aplica					
	4 (d). Title, Caption, or name of Case: No aplica					
	4 (e). Status of the case (pending, or appeal, or concluded):					
	4 (f). Do you have an unpaid judgment? Yes / No (Circle one)					
	If yes, what is the date and amount of the judgment? No aplica					
	Claimant's signature Oda Die Rodriguez Coln Nombre: Ada Iris Rodriguez Colon					
	Fecha: 12 de mayo de 2020					



SRM-SB-023 Rev. marzo 2017

CERTIFICACIÓN DE PENSIÓN CON DEDUCCIONES

Certifico que RODRIGUEZ COLON, ADA I con número de Seguro Social XXX-XX-7169 es pensionado(a) del Sistema de Retiro para Maestros. Recibe una pensión mensual de \$1,204.74, equivalente a \$14,456.88 anual. Luego de las deducciones recibe una pensión neta de \$1,080.74, equivalente a \$12,968.88 anual. A Continuación se detallan los descuentos mensuales.

NOMBRE DE LA ENTIDAD	CANTIDAD			
	Marzo de 2020 1er. Quincena	Marzo de 2020 2da. Quincena		Abril de 2020 2da. Quincena
SM-First Medical Health Plan	62.00	62.00	62.00	62.00
Total de descuentos	(\$62.00)	(\$62.00)	(\$62.00)	(\$62.00)

Esta certificación se expide hoy 9 de mayo de 2020.



Número de Certificación: SRM04P2001353

Para verificar la validez de esta certificación, debe hacerlo a través del portal del Estado Libre Asociado de Puerto Rico: http://www.pr.gov o en nuestro Portal en http://www.srm.pr.gov

235 Avenida Arterial Hostos · Edificio Capital Center · Torre Norte, Hato Rey · Puerto Rico 00918 P.O. Box 191879 · San Juan PR 00919-1879



£ 787.777.1414

2 787.759.2883

www.srm.pr.gov

Reclamante: Ada Iris Rodríguez Colón

Número de Procedimiento: 17 BK 3283 LTS

Número de Reclamación: (113421), (118776), (119034), (131824), (14521), (150451)

(152796)

Commonwealth of Puerto Rico

Reclamación del dinero adeudado de leyes aprobadas que me competen por mis años de servicio desde el mes <u>1 de agosto de 1968</u> hasta el <u>30 de mayo de 1998,</u> como maestra, en el Departamento de Educación del Estado Libre Asociado de Puerto Rico.

Núm. de Ley	Nombre de Ley	Fecha de Efectividad	Núm. Reclamación	Estimado de Cantidad Adeudada
Ley 89	Romerazo	Julio de 1995		3,600.00
Ley 89	Retribución de Uniforme	Julio de 1979		22,800.00
Ley 124	Aumento de Sueldo	Julio de 1973	T T	30,000.00
			Total	56,400.00

Así como otras leyes aprobadas que me apliquen y no se me otorgó la compensación adecuada .

Muy agradecido por la atención prestada a este asunto.

Eda drin Koleizung Colin

Atentamente,

Ada Iris Rodríguez Colón

XXX - XX - 7169

CLERK'S OFFICE

2020 MAY 15 PM 4: 34

CLERK'S OFFICE

IF YOUR CLAIM IS LISTED HERE, ONE OR MORE OF THE DEBTORS ARE SEEKING TO DISALLOW YOUR CLAIM BECAUSE THEIR RECORDS SHOW THAT YOUR CLAIM IS DEFICIENT.

NAME	CLAIM#	DATE FILED	DEBTOR	ASSERTED CLAIM AMOUNT		
Rodriguez Colon, Ada I.	118776	6/28/2018	Commonwealth of Puerto Rico	\$0.00		
Reason:	Proof of claim purports to assert liabilities associated with the Commonwealth of Puerto Rico, but fails to provide any basis or supporting documentation for asserting a claim against the Commonwealth of Puerto Rico, such that the Debtors are unable to determine whether claimant has a valid claim against the Commonwealth of Puerto Rico or any of the other Title III debtors					

SI SU RECLAMO ESTÁ INCLUIDO AQUÍ, UNO O MÁS DE LOS DEUDORES SOLICITAN QUE SU RECLAMO SEA RECHAZADO, PUESTO QUE LOS DATOS INDICAN QUE SU RECLAMO ES DEFICIENTE.

NOMBRE	N.º DE RECLAMACIÓN	FECHA DE PRESENTACIÓN	DEUDOR	MONTO DE LA RECLAMACIÓN ALEGADA	
Rodriguez Colon, Ada I.	118776	6/28/2018	Commonwealth of Puerto Rico	\$0.00	
Base para:	La evidencia de reclamación tiene la intención de formular las responsabilidades asociadas con el Estado Libre Asociado de Puerto Rico, pero no proporciona los fundamentos ni la documentación de respaldo para formular una reclamación contra el Estado Libre Asociado de Puerto Rico, de manera que los Deudores no pueden determinar si el reclamante tiene una reclamación válida contra el Estado Libre Asociado de Puerto Rico o cualquiera de los otros deudores en virtud del Título III.				

Copies of the Omnibus Objection and all other filings in the Title III Cases are available free online at https://cases.primeclerk.com/puertorico. If you have questions, please contact Prime Clerk LLC at (844) 822-9231 (toll free for U.S. and Puerto Rico) or (646) 486-7944 (for international callers), available 10:00 a.m. to 7:00 p.m. (Atlantic Standard Time) (Spanish available).

Copias de la Objeción global, y todos los escritos radicados en el marco de las causas conforme al Título III, están disponibles, de manera gratuita, en https://cases.primeclerk.com/puertorico. Si tiene alguna pregunta, comuníquese con Prime Clerk LLC llamando al (844) 822-9231 (número gratuito para Estados Unidos y Puerto Rico) o (646) 486-7944 (para llamadas desde el extranjero), disponible entre las 10:00 a.m. y las 07:00 p.m. (AST) (hablamos español).

Proof of Claim: 131824

Claimant: Rodriguez Colon, Ada I.

INFORMATION REQUESTED TO PROCESS YOUR CLAIM

Please answer all four (4) questions and any applicable sub-questions. Please include as much detail as possible in your responses. Your answers should provide more information than the initial proof of claim. For example, if you previously wrote as the basis for your claim "Ley 96," please elaborate now on what specific laws you are purporting to rely on, the year the law at issue was passed, and how and why you believe this particular law provides a basis for your claim. Additionally, if available and applicable to your claim, please provide:

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ammorting documents via email to

Proof of Claim: 113421

Claimant: Rodriguez Colon, Ada I.

INFORMATION REQUESTED TO PROCESS YOUR CLAIM

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Proof of Claim: 119034

Claimant: Rodriguez Colon, Ada I

INFORMATION REQUESTED TO PROCESS YOUR CLAIM

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- Written notice of intent to file a claim with proof of mailing;
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Proof of Claim: 152796

Claimant: Rodriguez Colon, Ada I

INFORMATION REQUESTED TO PROCESS YOUR CLAIM

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Please send the completed form and any supporting documents via **email** to PRClaimsInfo@primeclerk.com, or by **mail or hand delivery** to the following addresseses:

Proof of Claim: 140521

Claimant: Rodriguez Colon, Ada I.

INFORMATION REQUESTED TO PROCESS YOUR CLAIM

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First Class Mail	Hand Delivery
Commonwealth of Puerto Rico Supplemental Information Processing Center	Commonwealth of Puerto Rico Supplemental